

USEPA
290 BROADWAY
NY, NY

NOTIFICATION OF DEMOLITION AND RENOVATION
PAL Proposal # 16-1614

Operator Project #	Postmark	Date Received	Notification #		
TYPE OF NOTIFICATION (O-Original, R-Received, C-Cancelled): E - Emergency					
FACILITY INFORMATION (Identify Owner, Removal Contractor and Other Operator):					
OWNER NAME: Eleventh and Fourth Property LLC					
Address: 282 West 4 th Street					
City: New York		State: NY	Zip: 10014		
Contact Name: Neal Stufano		Telephone: 917-592-8325			
REMOVAL CONTRACTOR: PAL Environmental Safety Corp. d/b/a PAL Environmental Services					
Address: 11-02 Queens Plaza South					
City: Long Island City		State: NY	Zip: 11101		
Contact Name: Aric Domozick		Telephone: 718-349-0900			
OTHER CONTRACTOR:					
Address:					
City:		State:	Zip:		
Contact Name:		Telephone:			
TYPE OF OPERATION (D-Demo, O-Ordered Demo, R-Renovation, E-Emergency Renovation): E					
IS ASBESTOS PRESENT? (YES NO) YES					
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)					
Building Name:					
Address: 282 West 4th Street					
City: New York		State: NY	Zip: 10014		
Site Location: Roof					
Building Size: 9,944 SF		# of Floors: 4	Age in Years: 116		
Present Use: Commercial		Prior Use: Commercial			
Procedure, Including Analytical Method, If Appropriate, Used to Detect the Presence of Asbestos Material: PLM – Polarized Light Microscopy					
Approximate amount of asbestos , Including 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	R. ACM to be removed	Non-Friable Asbestos Material not to be removed		Indicate Unit of Measurement Below	
		CAT I	CAT II	UNIT	
Linear Footage:				Linear Feet:	Ln M:
Surface Area: Roofing Material	1,200			Square Feet: X	Square Meter:
Volume RACM off Facility Component				CuFt:	Cu M:
Scheduled Dates Asbestos Removal (mm/dd./yy)		Start: 10/17/2016		Complete: 10/01/2017	
Scheduled Dates Demo/Renovation (mm/dd./yy)		Start:		Complete:	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD (S) TO BE USED:		
DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, Micro Traps (Negative Air Pressure) and amended water will be utilized for emissions control.		
WASTE TRANSPORTER #1		
Name: Tri State Transfer Associates		
Address: 1199 Randall Avenue		
City: Long Island City	State: NY	Zip: 10474
Contact Name: Jimmy Byrne	Telephone: 718-617-0771	
WASTE TRANSPORTER #2		
Name: ATC		
Address: 2 Moriches Middle Island Road		
City: Shirley	State: NY	Zip:
Contact Name: Kenny Smith	Telephone: 631-924-5050	
WASTE TRANSPORTER #3		
Name: P.A.L. Environmental Safety Corp. d/b/a PAL Environmental Services		
Location: 11-02 Queens Plaza South		
City: Long Island City	City: Long Island City	City: Long Island City
Telephone: 718-349-0900		
Disposal Facility		
Name: Minerva Enterprises		
Location: 9000 Minerva Road, SE	Location: 9000 Minerva Road, SE	
City: Waynesburg	State: OH	Zip: 44688
FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (mm/dd./yy) 10/17/2016 @ 7:00am		
Description of the Sudden, Unexpected Event: During demolition of the roof a secondary roof was uncovered and determined that there is asbestos containing roofing material present. Abatement is required to complete the renovation of the building to minimize impact to building occupants by ongoing renovation activities.		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED OR REDUCED TO POWDER. Any ACM, which is discovered unexpectedly, or non-friable ACM, which becomes crumbled, will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.		
I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFT PART 61, SUBPART M), WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS (required 1 year after promulgation)		
Signature of Owner/Operator		<u>10/13/2016</u> Date
I certify that the above information is correct		
Signature of Owner/Operator		<u>10/13/2016</u> Date